

Scottish Health Council Minutes – Approved

Meeting of the Scottish Health Council on 20 February 2025 by MS Teams

Attendance

Present

Suzanne Dawson, HIS Non-Executive Director, Chair (SD)
Gina Alexander, Member (GA)
Dave Bertin, Member (DB)
Emma Cooper, Member (EC)
Nicola McCardle, Member (NMCC)
Carole Wilkinson, (CW), Chair of Healthcare Improvement Scotland (HIS)

In Attendance

Clare Morrison, Director of Engagement & Change, Lead Director (CM)
Derek Blues, Head of Engagement Practice - Assurance (DBL)
Sharon Bleakley, Strategic Engagement Lead (SB)
Jane Illingworth,
Head of Planning and Governance (JI) (Item 2.4)
Richard Kennedy McCrea, Operations Manager (RKM)
Lisa McCartney, Strategic Engagement Lead (LMC)
Tony McGowan, Associate Director Community Engagement (TM)
Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)

Observers

Nikki Maran, Non-executive Director
John McKee, Head of Communications
Rob Tinlin, Non-executive Director

Apologies

Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)
Jamie Mallan, Member (JM)
Robbie Pearson, Chief Executive (RP)
Michelle Rogers, HIS Non-Executive Director (MR)
Diane Graham, Head of Engagement Practice–Improvement (DG)

Sybil Canavan, Director of Workforce (SC)
Duncan Service, Employee Director (DS)
Angela Moodie, Director of Finance, Planning & Governance
Safia Qureshi, Director of Evidence & Digital
Simon Watson, Medical Director & Director of Safety

Meeting Support

Susan Ferguson, Committee Secretary (SF)

1.OPENING BUSINESS

1.1 Chair's Welcome, Introductions, Apologies and Register of Interests

The Chair (SD) welcomed everyone to the meeting and introduced Nikki Maran, Non-executive Director, Rob Tinlin, Non-executive Director and John McKee, Head of Communications, who were observing their first Scottish Health Council meeting.

Apologies were noted as above.

SD noted there were no declarations of interest made at the start of the meeting and provided an explanation to the introduction of the Register of Interests for the SHC members and Lead Director of SHC.

It was noted each SHC member is responsible for their personal information recorded on the Register and highlighted the importance of notifying any changes immediately to the Committee Secretary SF to ensure the latest version of the Register is current and accurate.

Decision: The SHC were comfortable with the content of the Register of Interests.

1.2 Draft Minutes of Meeting

The draft minutes of the meeting held on 14 November 2024 were accepted as an accurate record.

There were no matters arising.

Decision: The SHC approved the minutes from the 14 November 2024 meeting.

Action(s): None

1.3 Review of Action Register

The SHC reviewed the Action Point Register with updates being provided for each action point for assurance and /or recommendation for closure.

It was noted that both actions, Governance for Engagement and KPIs which required an update to the SHC, would be picked up within their relevant papers on the agenda.

Decision: After discussion, the SHC agreed with the recommended actions for closure.

Action(s): None

2.HIS STRATEGIC BUSINESS

2.1 Engagement on Service Change

CM provided the SHC with an update on the key strategic issues with respect to assurance of engagement on service change and the work health & care statutory bodies undertake. She advised that the Planning with People (PWP) guidance had been updated last year with sessions for NHS board and Health and Social Care Partnership (HSCP) staff being provided to help improve the understanding of the updated guidance and materials used to support it. It was highlighted that participants well received the sessions. The content is now being reviewed to help boards and partnerships improve understanding of their statutory duties of engagement.

The SHC discussed the potential implications of the new Consumer Duty for both Healthcare Improvement Scotland (HIS) and more widely for NHS boards and HSCPs. This duty comes into effect on 1 April 2025 and requires public bodies to consider the impact of decisions on consumers, which includes patients.

CM asked the SHC to consider the following;

1. Does HIS meet the requirements of the duty via our existing processes.
2. Is there a potential overlap in responsibilities between the new duty and NHS bodies' existing statutory duties on public involvement.

CM provided the following response to questions raised by SHC;

- a) On whether the use of language had been adapted for the updated PWP sessions for Health and Social Care Partnerships (HSCPs), the SHC were advised that both HSCP and NHS language were adjusted as necessary.
- b) Consumer Duty - provided assurance that the potential overlap with NHS bodies had been previously raised with Consumer Scotland and Scottish Government. Agreed with the proposal that CM to contact JI to arrange a meeting with Scottish Government sponsors.
- c) On assessing how we work with charities as consumers, CM agreed to review this with NH.

After further discussion, it was agreed that HIS should formally write to Consumer Scotland to seek clarity on the matters discussed and raise with our Scottish Government sponsor unit.

Decision: The SHC agreed the recommendations within the paper and accepted the Moderate level of assurance offered.

Action(s):

- 1) CM to write to Consumer Scotland to seek clarity on overlap with existing statutory duties.
- 2) CM to contact JI to arrange meeting with SG sponsors to discuss Consumer Duty.
- 3) CM to provide NH with an update on assessing how we work with charities as consumers.

2.2 Governance for Engagement (GfE)

TMG presented an overview on the conclusion of the Governance for Engagement (GfE) process for 2023/24, noting that all HIS directorates had taken part in the self-assessment and supportive scrutiny process. He noted that most directorates were able to demonstrate good examples of engagement practice, however, highlighted that a new tailored self-assessment process is now being developed for the corporate directorates who found the completion of the current process more

challenging due to the nature of their work streams. TMG also noted the duplication of dimension three of the Clinical & Care Governance (CCG) and GfE process.

The SHC found both the GfE process and end of 2024/25 cycle report a thorough and well thought out process and had gained a lot of assurance from this. However, they are aware of the crossover with some aspects of CCG Committee's remit and the need to find ways to minimise this duplication.

Thanks were extended to TMG from all the SHC for the support and delivery of this GfE process.

Decision: After discussion on the level of assurance, the SHC agreed the recommendation of Moderate assurance due to the draft corporate template and duplication with CCG.

Action(s): CM and TMG to consider how the overlap between the CCG and GfE could be addressed.

2.3 Equality, Inclusion and Human Rights (EIHR)

RTG provided the SHC with some key points from the EIHR paper and appendices, highlighting that most programmes within HIS now have Equality Impact Assessments (EQIAs) in place. Also highlighted, was the Equality Mainstreaming Report which included information on how equality has been mainstreamed across the organisation's activities. She advised the SHC, that both the Anti Racism Plan and the Equal pay statement included in the appendices had now been circulated to Partnership Forum for feedback and will be presented to SG in March 2025. RTG also advised that Pregnancy and Perinatal has also been evaluated with final updates being finalised over the next few weeks with the Executive sponsor.

The SHC thanked Rosie for the paper and the reports noting they felt assured with the content. SD noted a comment from NH which stated, 'she wholeheartedly applauded the introduction of the child friendly complaints process.'

A small concern was raised on (page 8) of the race equality report about recruitment – increasing the number of employees by 5%.

TMG noted that this was also a Staff Governance point but would ensure the feedback given and the wording would be reflected on.

The SHC noted the progress made with EQIAs and the reports. SD requested any further feedback should be emailed to RTG as soon as possible.

Decision: The SHC accepted the recommendation of Moderate level of assurance.

Action(s) TMG/RTG to reflect and discuss with Staff Governance Committee, the wording on (page 8) referencing 'increasing the number of employees by 5%'.

2.4 HIS Integrated Planning

JI provided the SHC with an update on HIS Integrated planning, she discussed the SG planning guidance and advised that both the Annual Delivery (ADP) and financial plans are being submitted to SG on the same day. She noted that all high level priorities in the HIS strategy remain unchanged but the ADP has fewer standalone programmes, a commitment to taking a quality management system approach and the identification of cross-organisational themes including NHS reform & renewal. Also

noted, that work is still being refined on the ADP and budget with some savings still needing to be identified to deliver a balanced budget and highlighted that the final ADP would be presented to the Board on 05 March 2025.

The SHC thanked JI for the presentation and found it helpful seeing the whole overview of HIS.

3.COMMUNITY ENGAGEMENT BUSINESS

Operational Scrutiny- SD informed the SHC, to bring the SHC in line with the other Governance Committees within HIS, there would be a change to the operational scrutiny of the Evidence, Improvement and Assurance programmes. This will now involve detailed scrutiny of each programme on an annual rather than quarterly basis. To achieve this, one programme paper, plus the Operational Report will be presented to the SHC at each meeting starting from the next meeting in May 2025. It was noted that the change will also be reflected on the 2025/26 Business Planning Schedule.

3.1 Engagement Practice - Evidence Programme

CJ provided the following highlights to the SHC from the Engagement Practice – Evidence programme, noting that Citizens Panel (CP) 14 report was published in November 2024 and had received good feedback. She highlighted the General Medical Council had reported finding the report especially useful in terms of the shared decision making findings. Also highlighted from NHS Education for Scotland that the infographic used in the report was incredibly useful and would like to use this for a national online decision making service.

It was noted CP15 had closed in the last fortnight with a good response rate of 57% and the team are currently interrogating the findings to help enhance the report.

The CP panel is being refreshed, and it was noted the recruitment of a further 12 people from the targeted demographics had been achieved. An update was provided on the Gathering Views activity on sodium valproate which is looking to interview 20-25 people with 10 people currently completed. It was highlighted this has been a challenge to recruit to due to the specific subject matter.

Decision: The SHC noted the content of the paper and accepted the recommendation of Moderate assurance.

Action(s): None

3.2 Engagement Practice - Improvement Programme

TMG provided the following highlights from the Engagement Practice - improvement programme paper, he advised that the key piece of work that is ongoing is the development of the Engagement Practice learning system, and that the team are now compiling evidence on what makes good engagement practice which will form the basis of the learning system. He highlighted the importance of capturing the needs of both internal and external stakeholders to ensure the new system is fit for purpose, also highlighted that this system will be aligned to Scottish Approach to Change. Other highlights mentioned were the shortlisting for the What Matters to You award and the testing of responsive support which is to ensure there is a robust process for Boards and HSCPs to receive good access to support from the improvement team for their ongoing engagement needs.

The following points were highlighted from the SHC,

A question on whether the Volunteers Practitioners Network (VPN) would be open for SHC members, also mentioned was the progress with this year's Jane Davies award.

In answer to the question raised on the VPN, TMG confirmed that SHC members would be welcome to join.

Decision: The SHC noted the paper and accepted the recommendation of Moderate assurance
Action(s): TMG to send details of VPN to DB.

3.3 Engagement Practice - Assurance Programme

DBI provided the SHC with an update from the Engagement Practice - Assurance programme, noting that several of the points in the paper were previously covered in item 2.1. The key highlights included National Determined Service Change guidance. He advised that the first of these national determined services will be vascular services and the first meeting had taken place with the Scottish Government team leading this work and mapping against the published guidance with feedback from this is due back this month. DBI noted there is no formal assurance role for HIS until it comes to NHS Board and HSCP level. A recent Engagement Practitioner Network (EPN) meeting saw the SG lead come along and talk about NHS renewal work and national determined changes to the EPN members.

On the NHS Dumfries and Galloway major service change, advised that an After-Action Review (AAR) is taking place with external colleagues.

The SHC noted the importance of implementing the D&G AAR and thanked DBL and his team for doing this. On the EPN, asked for a breakdown on the membership with a view to capture who is being targeted.

From intelligence received, was there any indication of reasons for the lower level of service changes than had been previously anticipated?

In response to the points raised, DBI assured the SHC that every NHS Board area is represented in the EPN, and that the breakdown was presented previously to the SHC, he also advised that the way they report this information would be revisited to provide the assurance needed.

On service change activity, advised that there was strong linkage with the Strategic Engagement Leads and Service Change Engagement officers who would highlight any concerns if necessary.

Decision: The SHC noted the paper and accepted the recommendation of Moderate assurance
Action(s): None

3.4 Strategic Engagement

LMC provided the SHC with an update from the Strategic Engagement Leads (SELs) and highlighted the following points; further conversations on PWP and Nationally Determined Service Changes had taken place with Boards and Partnerships in Q3. She noted that the SELs were carrying out a review of our input and impact on the Boards' annual reviews. The feedback from this will provide a report for the SG. Highlighted the vast number of connections made by the Engagement Advisors (Community) noting that 25 meetings had taken place in the last quarter which is contributing to the Citizens Panel and Gathering Views work.

In response to the points raised by the SHC the following assurance was provided:

On the SEL vacancy - advised that recruitment cannot proceed because the previous post holder remains on redeployment. Further discussion took place on the risk this vacancy has on meeting HIS's statutory duties and the redeployment policy. CM noted her enormous gratitude to all the colleagues across the community engagement division who are covering the West during this period. SD extended thanks to all staff for the additional work undertaken in supporting the West, particularly LMC, SB, DBL and Louise Wheeler, Engagement Advisor (Service Change).

Decision: The SHC noted the paper and after further discussion on the risk the West SEL vacancy posed, it was agreed to move the recommendation from Moderate to Limited assurance.

Action(s): None

3.5 Operational Plan Progress Report 2024/25

RKM provided a summary of some of the impacts noted for Q3 and advised that this report looks back at work in previous quarters and years. The following highlights were noted;

Building capacity and understanding, advised that from the supported resources created the feedback from over 90% of participants from the Practitioners Networks noted an increase in their confidence and understanding of effective and meaningful engagement.

Evidencing the impact of Gathering Views and Citizens Panel, advised these are reviewed with the people commissioning them after 6,12 and 18 months to describe the impact, which in turn helps with feedback provided to the participants who have completed these.

It was also highlighted that measuring impact will be baked into the Directorate's new Logic models which will be in place for all work programmes for 2025/26.

The following point was raised by the SHC on the Q3 report which related to resource downloads being up by 53%, was this from any specific document.

In response to the point raised RMK advised he would need to check on this and will respond back to NH with the detail.

Decision: The SHC noted the paper, highlighting that the shift of measuring and demonstrating impact was now evident. The recommendation of Moderate assurance was accepted for this paper.

Action(s): RMK to review the resource downloads from the Q3 Operations report and respond back to NH with the findings via SF.

4.SHC GOVERNANCE

4.1 Risk Register

CM confirmed that following discussion and agreement at November's SHC meeting, the new wording for the Strategic Risk on Service Change had now been updated on the Risk Register.

It was noted that the current challenge within this risk is in relation to the guidance on the new guidance on engagement on Nationally Determined Service Changes which currently remains untested at this time. Also highlighted within the register is the continued gap within the SELs due to the vacancy in the West.

Decision: The SHC accepted the recommendation of Moderate assurance for the paper.

Action(s): None

4.2 Key Performance Indicators

CM provided an overview of the KPI paper which is tracked by the SHC noting the action to provide colour on the RAG.

It was noted that the annual target for two of the KPIs, GfE and Equalities, had now been reached, however it was now unlikely that the full year KPI for Engagement activities would be achieved. CM advised that this was due to the additional, unplanned volume of engagement work which had to be undertaken as part of the NHS Greater Glasgow and Clyde (GGC) emergency departments review which took precedence over the planned Engagement activity work.

CM proposed that for Quarter 3, where all KPIs were met, a significant level of assurance was accepted by the SHC. However, for the full year, due to undertaking the unplanned work, that a Moderate level of assurance be accepted by SHC.

Decision: The SHC accepted the recommendation of a split level of assurance, agreeing that Significant assurance was accepted for Q3, and Moderate assurance was accepted for the full year. CM noted, although Engagement activities will end the year with a red KPI, this does not reflect the full delivery of engagement activity.

Action(s): None

4.3 Business Planning Schedules

The SHC were presented with the final schedule of business for 2024/25 and the proposed schedule for 2025/26. SD noted the change to Section 3 of the 2025/26 schedule which was discussed earlier in the meeting.

Decision: The SHC noted the change made to Section 3 and accepted the 2025/26 Business Planning Schedule, noting the changes made will help with more in-depth discussion with each programme.

4.4 Draft Annual Report 2025/26 and Terms of Reference; Scottish Health Council, Service Change and Governance for Engagement Subcommittees

SD presented the SHC draft Annual Report for 2024/25, noting that each governance committee present their reports to the HIS Board at the end of March 2025. It was highlighted the three Terms of References (ToRs) for the SHC, GfE Sub-committee and Service Change Sub-committee were included. She advised no fundamental changes had been made to any of the ToRs, however, each have been updated to reflect any changes to business titles that have occurred throughout the previous year.

SD welcomed any comments on the report and noted any further feedback on the Annual Report should be sent into CM and SF.

The SHC found the report transparent and honest and suggested the possibility of including any learnings from the previous year.

- a) A point was raised on how to capture the contribution of the Sub-committees within the Report. CM and SD will discuss at their next check in.
- b) Further suggestions to include in the report were; under learnings, include the decision to change to annual scrutiny of work programmes in line with other governance committees,
- c) Include standardisation of reporting in papers developed over the year which has been welcomed by SHC.

Decision: The SHC were content with the 2024/25 Annual Report and with the suggestions discussed to be included.

Action(s): SD & CM to discuss capturing the contribution of the Sub-committees on the report.
CM to include the learnings in bullet (b) and the standardisation of the reporting.

5. RESERVED BUSINESS

5.1 Service Change Sub-Committee Draft Minutes of Meeting (30/01/2024)

The draft minutes from the Service Change Sub-Committee meeting held on 30 January 2024 were shared with the SHC for information.

Decision: The SHC noted the draft minutes.

Action(s): None

6.ADDITIONAL ITEMS of GOVERNANCE

6.1 Key Points for HIS Board

The following key points were agreed for reporting to the HIS Board meeting;

- a) Consumer Duty
- b) Importance of strategic engagement and risk of ongoing vacancy
- c) Conclusion of Governance for Engagement 2023/24 process

7. CLOSING BUSINESS

7.1 AOB

No other business was discussed.

7.2 Meeting Closed

8.DATE OF NEXT MEETING

Thursday 15 May 2025 10.00-12.30 Delta House In person (TBC)

Approved by: Suzanne Dawson, Scottish Health Council Chair

Date:15/05/2025

Next meeting: 4th September 2025 via Teams